

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED PAGE 1/488  
SECRETARY OF THE SENATE  
PUB

FEC  
FORM 3

14 AUG -5 AM 10:33

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Capito For West Virginia

ADDRESS (number and street)

P.O. Box 11519

Check if different than previously reported. (ACC)

Charleston

WV

25339

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00539825

3. IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

WV

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

M M / D D / Y Y Y  
04 24 / 2014

through

M M D D Y Y  
06 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Reed Spangler

Signature of Treasurer

Mr. Reed Spangler

Reed Spangler

Date

M M D D Y Y  
07 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3  
(Revised 02/2003)